

Happy Birthday U.S. Navy!

Est. Oct. 13, 1775

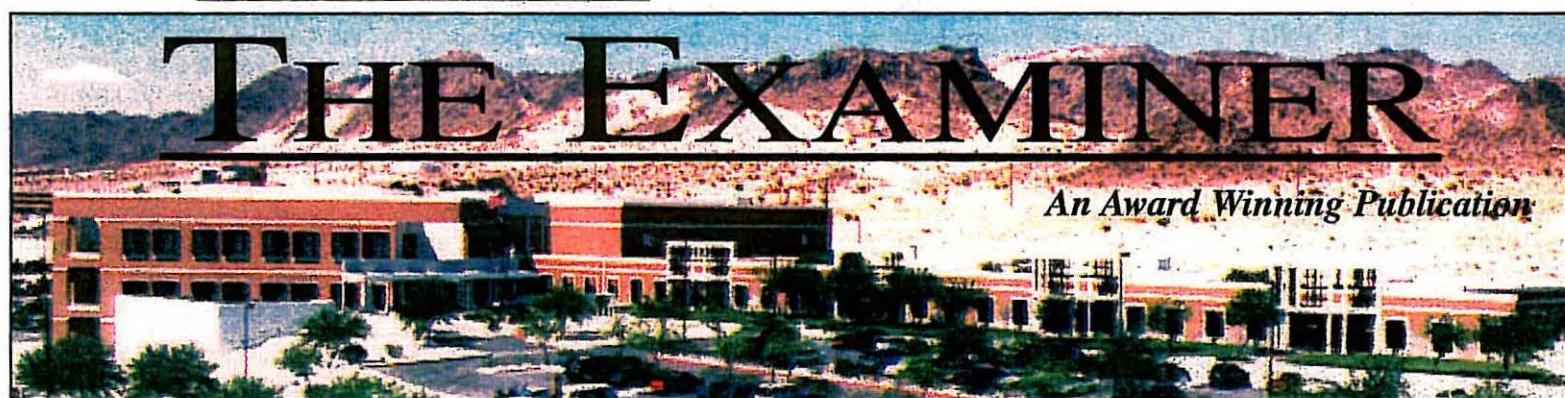


Inside...

Recently, the FDA approved the sale of Emergency Contraception (EC) over the counter to women who may have experienced unprotected sex and who may be at risk of unintended pregnancy. [page 2](#)

Pregnant moms are often overlooked as needing flu shots. After all, so many other things are restricted during pregnancy, including certain medications and foods, why would a flu shot be okay? [page 3](#)

Every year in October the American Physical Therapy Association encourages physical therapists to promote the profession through educational information related to the many musculoskeletal conditions, impairments or injuries that individuals face each day. [page 6](#)



www.nntp.med.navy.mil

China Lake's Two Staffs Serve as One

In California's high and windy Mojave Desert is the Navy's remote and sprawling China Lake station, 1.1 million acres of sage, sand and the sky above set aside for developing and testing the Navy's firepower.

The Naval Air Warfare Center Weapons Division is far from just about everywhere, but it is home to more than 900 active duty service members.

China Lake's remoteness presents challenges to providing close-to-home health care, but it also bonds those who work here.

This bond, and the close-knit teamwork it produces, earned the two-person TSC and the 50-person clinic... a satellite of the Robert E. Bush Naval Hospital at the Twentynine Palms Marine Corps Air Ground Combat Center... an Honorable Mention for China Lake's Patients First Collaboration Award nomination, which was presented Aug. 1 at the TRICARE conference in Washington, D.C.

Collaboration here is up close and personal. The open-door policy extends to the hall, the parking lot, anywhere that Clayson and Customer Service Representative Adriana Arellano are when they talk about patient care and service with their clinic colleagues.

"It's a fairly small clinic and since we're a fairly small group, we communicate all the time," Clayson said.

And that's not all. The TSC staff actively participates with the military staff in physical training (PT).

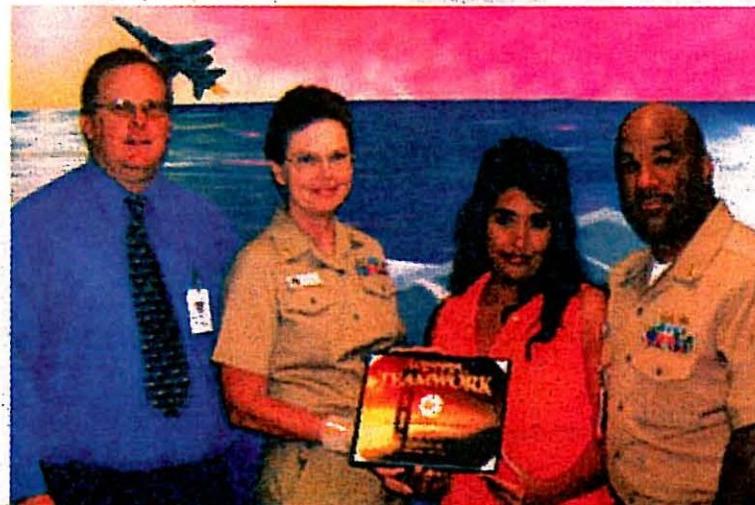
"It helps to get to know them a little bit better," Clayson said.

Unlike the military staff, PT is optional for the TSC staff, but civilians joining in gives everyone an important same-team mentality.

In a business sense, Clayson is a member of the executive steering board and provides input and assists the clinic leadership in conducting its business. He's also a member of the clinic's provider group.

Arellano "spends countless hours advising patients with billing and researching issues when necessary," said Commander Thomas L. Driver, the clinic's Officer in Charge. "She is always willing to provide information on specific network providers."

Both TSC members have connections in Ridgecrest, a town of about



Taking pride in their Patient's First honorable mention are, from left to right, Jesse Clayson, Lt. Commander Sharron Yokley, Adriana Arellano and Commander Thomas L. Driver.

35,000 people at the edge of the expansive base, but many of its citizens really don't know what China Lake does or how care is provided to those in uniform.

So the TSC and the clinic held an open house on Aug. 16. Fifty providers attended to tour the facility and talk to the staffs.

"I know all the doctors in town," Clayson said.

"The rapport between the clinic and TriWest staff enhances clinic morale and improves services offered to our beneficiaries," Driver noted.

There's also a social connection.

"We go to all the parties and potlucks," Clayson said. "We're actually part of the clinic and not just the contractor."

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What is Emergency Contraception (or emergency birth control)?

**By Martha Hunt, MA Health Promotions Coordinator
Robert E. Bush Naval Hospital**

Recently, the FDA approved the sale of Emergency Contraception (EC) over the counter to women who may have experienced unprotected sex and who may be at risk of unintended pregnancy. This includes women who have had their regular contraceptive fail, were forced to have sex by a boyfriend or husband, or who may have been sexually assaulted.

There are 3.2 million unintended pregnancies in the US every year and half of those unintended pregnancies end in termination of the pregnancy. EC has been available for 30 years but only endorsed by the medical

community in the US for the last decade.

It is a common belief that EC is the same as having an abortion, it is NOT. Emergency contraception can keep you from becoming pregnant by: keeping the egg from leaving the ovary, or keeping the sperm from meeting the egg, or finally by keeping the fertilized egg from attaching to the uterus (womb). If you are already pregnant, emergency contraception will NOT work. Also, if you are already pregnant, EC will NOT cause you to lose the baby.

There are two types of EC: Emergency contraceptive pills (ECP's) and Intrauterine devices (IUD's). ECP's contain higher doses of the same hormones in some brands of regular birth control pills. You should always take ECP's as soon as you can after having sex, but they can

work up to five days later. There are two types of ECP's and your primary care provider can pick the right one for you. Also, as ECP's may make you nauseous, you will also be given medication to calm your stomach so you don't throw up the pills. The other type of emergency contraception is the IUD. The IUD is a T-shaped, plastic device placed into the uterus (womb) by a doctor within five days after having sex.

To get emergency contraception, contact your primary care provider or go to <http://www.ec-help.org/index.htm> and then look under pharmacy locations. When you put in your Zip Code, the site will give you a listing of pharmacies in your area that supply ECP. Also, you can get EC pills to have on hand in case you have unprotected sex. You

can also call the 24 Hour Emergency Contraception Hotline at 1 (888) 668-2528 and they will help you find EC in your area.

Some women feel sick and throw up after taking ECPs. This side effect happens more often with pills that contain both estrogen and progestin. Your doctor or pharmacist can give you medication to help control sickness. If you throw up after taking ECPs, call your doctor or pharmacist. After you have taken ECPs, your next period may come sooner or later than normal. Your period also may be heavier, lighter, or more spotty than normal. Use another birth control method if you have sex any time before your next period starts. If you do not get your period in 3 weeks or if you think you might be pregnant

after taking ECPs, consider getting a pregnancy test just to make sure you're not pregnant.

Emergency contraception should NOT be used in place of regular contraception! There are very reliable methods of contraception that, when used properly, will protect you from pregnancy much better than relying on EC. Also, EC will NOT protect you from sexually transmitted diseases, only condoms will do that.

For more information, contact OB/GYN at 760-830-2069 or Family Medicine at 760-830-2093. Contact the ER at 760-2440 after hours only or in cases of Sexual Assault. If you think you have been a victim of sexual assault, call the Family Advocacy Program at 830-4313 for more information.

Automatic TRICARE Payments Save Time and Money

**By Jenna Holtz
TriWest Healthcare Alliance**

TriWest Healthcare Alliance's automatic payment system makes it easy for reservists and retirees to pay their TRICARE Prime enrollment fees.

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Auto Pay is the Easy Way. For more information, visit www.triwest.com or call 1-888-TRIWEST.

Life's Lesson...

There is always a lot to be thankful for, if you take time to look. For example, I'm setting here thinking how nice it is that wrinkles don't hurt!

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Commanding Officer
Captain Mark O. Boman, MSC, USN

Executive Officer
Captain Dianne D. Aldrich, NC, USN

Public Affairs Officer/Editor
Dan Barber

Public Affairs Assistant
HM2 (SW) Erin L. Sjaarda

Command Ombudsman
Ryalin Huges — 1-800-431-0115
Stephanie Jenkins — 1-800-431-0237
Tiffany Niles — 1-800-431-3174

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

How to reach us...

Commanding Officer Naval Hospital
Public Affairs Office
Box 788250 MAGTFTC
Twentynine Palms, CA 92278-8250
Com: (760) 830-2362
DSN: 230-2362
FAX: (760) 830-2385
E-mail: d.barber@nhtp.med.navy.mil
Hi-Desert Publishing Company
56445 Twentynine Palms Highway
Yucca Valley, CA 92284
Com: (760) 365-3315
FAX: (760) 365-8686



The Flu Shot in Pregnancy: Is It Safe?

By Cmdr. Kathleen Hewitt, CNM/WHNP
Robert E. Bush Naval Hospital

Pregnant moms are often overlooked as needing flu shots. After all, so many other things are restricted during pregnancy, including certain medications and foods, why would a flu shot be okay?

But pregnant women are considered to be a high risk group and it is recommended that they get a flu shot during flu season, which usually begins around November or December and continues through March and April in the United States.

While it used to be recommended that you should wait until you were past your first trimester to get your flu shot, it is now thought that you can get the flu vaccine during any trimester.

And since they are in a high risk group, pregnant moms should get their flu shot during October or November.

Why should you get a flu shot?

The main reason is that you don't want to get the flu while you are pregnant, since it will put both you and your baby at higher risk of flu complications.

Also, having a flu shot will decrease the chances your new baby will get sick once he or

she is born. Without a flu shot, you can get sick with the flu and then pass the infection to your new baby.

It will also be hard to care for your baby if you get sick with the flu, which can cause fever, muscle aches, headache, severe malaise, nonproductive cough, sore throat, and runny nose, with some symptoms lingering for over two weeks.

For this reason, you should also consider getting a flu shot for other household contacts of you and your new baby. Remember that anyone over 6 months of age can get a flu shot each year.

Getting a flu shot during pregnancy can also help keep your baby healthy by transferring influenza vaccine-specific antibodies to him/her, which can last for at least 2 months. These antibodies should be able to help your new baby from getting the flu.

Is the flu serious?

According to the CDC, it is estimated that approximately 10 to 20 percent of U.S. residents get the flu, and an average of 114,000 persons are hospitalized for flu-related complications. About 20,000 Americans die on average per year from the com-

plications of flu.

Is the influenza vaccine safe during pregnancy?

Yes, the flu vaccine is considered to be safe during pregnancy. According to this report on Infant Protection Through Maternal Immunization, maternal immunization with inactivated influenza virus vaccine is considered safe during any stage of pregnancy and has not been associated with the development of adverse outcomes in infants, including childhood cancers.

It is true that the current flu vaccine does contain thimerosal, a mercury-containing compound, which is used as a preservative, but the CDC reports that "because pregnant women are at increased risk for influenza-related complications and because a substantial safety margin has been incorporated into the health guidance values for organic mercury exposure, the benefit of influenza vaccine with reduced or standard thimerosal content outweighs the potential risk, if any, for thimerosal."

Can you get a flu shot if you are breastfeeding?

Yes. Women who are breastfeeding can get a flu shot, and again, it is a good way to decrease your infant under 6 months of age chances of getting the flu.

What are the side effects of the influenza vaccine?

The main side effects include local reactions where you got the shot, such as soreness and swelling. More general side effects can also occur, such as fever, malaise, myalgia, but they are more common in people who have never had a flu shot before. Rarely, allergic reactions can also occur.

Who shouldn't get a flu shot?

The main group of people who shouldn't get a flu shot are infants under six months of age and anyone who has had an anaphylactic hypersensitivity (allergic reaction) to eggs or to other components of the influenza vaccine.

Much of the illness and death

caused by the flu can be prevented by a yearly flu shot. People in high-risk groups, including pregnant women, and people who are in close contact with those at high risk should get a flu shot every year. The flu is generally not dangerous, but complications from the infection can be. The flu vaccine creates an immunity to the flu and protects you against the flu. The flu shot is made from inactivated viruses (the viruses are killed), and experts consider the flu shot safe, even in pregnancy, so keep yourself and your unborn infant safe this flu season. Make an appointment with your health care provider for your flu vaccination soon.

Life's Lesson...

You know you're getting old when you stoop down to tie your shoes and wonder what else you can do while you're down there.

Larry Briggs

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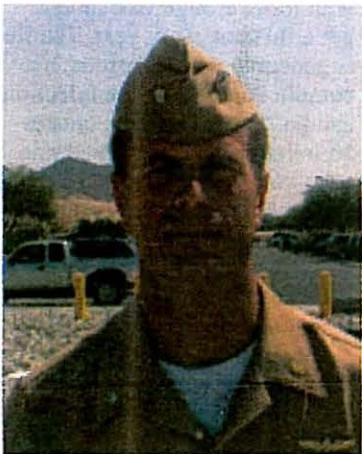
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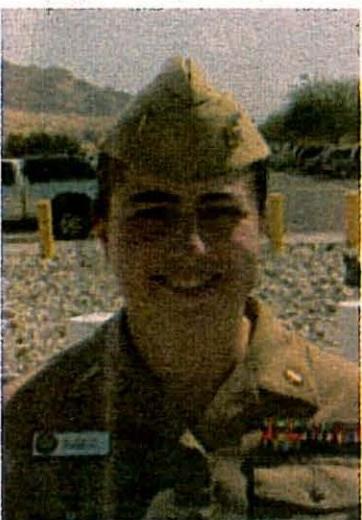
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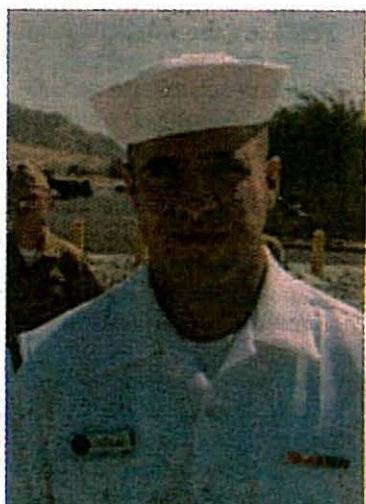
Cmdr. Todd Peterson, Surgical Services, receives a Letter of Appreciation.



Cmndr. Kathleen Hewitt, Certified Nurse Midwife, receives a Letter of Appreciation.



Ensign Elizabeth Angelo, Laboratory Officer, receives a Letter of Appreciation.



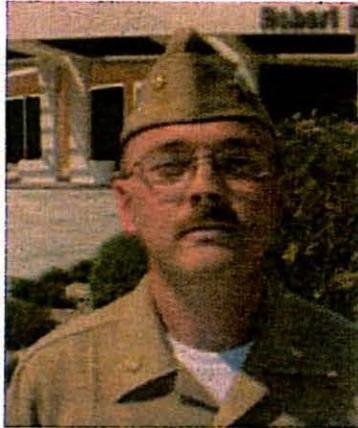
HN John Vitullo, Maternal-Infant Nursing Department, receives a Letter of Appreciation.



HN Alecia Butterfield, Maternal-Infant Nursing Department, receives a Letter of Appreciation.

Others who received a Letter of Appreciation, but are not pictured are:

Annemarie Whitcomb and Lt. Cmdr. Sue Ann Burnett, both of the Maternal-Infant Nursing Department.



Lt. Cmdr. Patrick Ryan, Head Staff Education and Training, receives a Navy and Marine Corps Commendation Medal (Gold Star in lieu of second award).



Lt. Cmdr. Joseph Strauss, Orthopedic Surgeon, receives a Navy and Marine Corps Commendation Medal (Gold Star in lieu of third award).



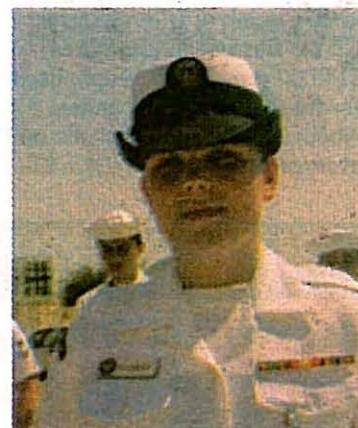
CS1 (SW) Ricky Monge, Nutrition Management Department, receives a Navy and Marine Corps Achievement Medal (Gold Star in lieu of fifth award).



CS1 (SW) Kevin Sewart, Nutrition Management Department, receives a Navy and Marine Corps Achievement Medal (Gold Star in lieu of fourth award).



HM3 Oneika Flowers, Surgical Suite, receives her second Good Conduct Medal.



HM3 Aisling Mcneilly, Emergency Medicine Department receives her first Good Conduct Medal.



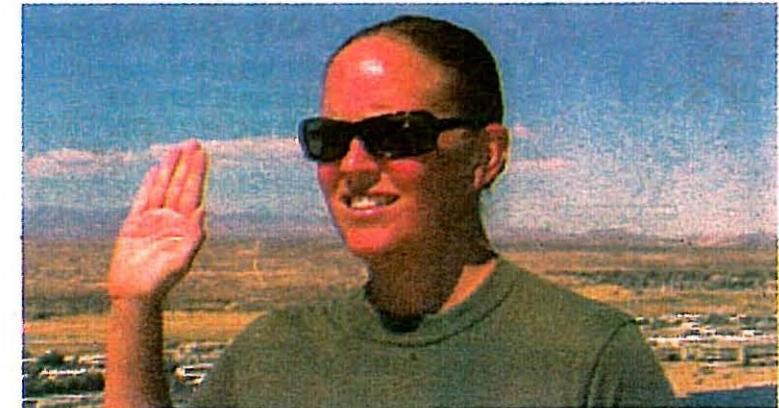
Lt. Cmdr. Catherine Durham, Family Nurse Practitioner, receives a Navy and Marine Corps Commendation Medal.



HN Edwin Gaitan, Adult Medical Care Clinic, receives a Commanding General Certificate of Commendation.



HM3 Michael Reyes, Out Patient Administration, receives a Commanding General Certificate of Commendation.



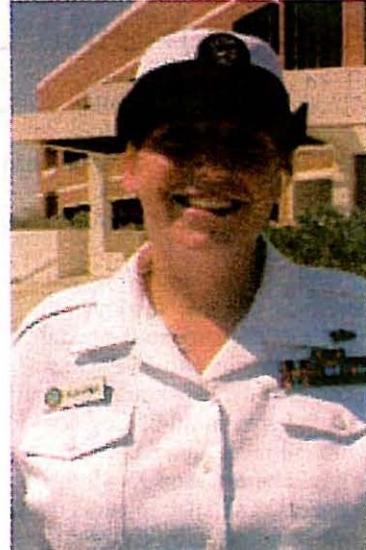
HM2 Jill Bankus, right, Emergency Medicine Department, takes the oath during her recent reenlistment ceremony on top of "Sugar Cookie."



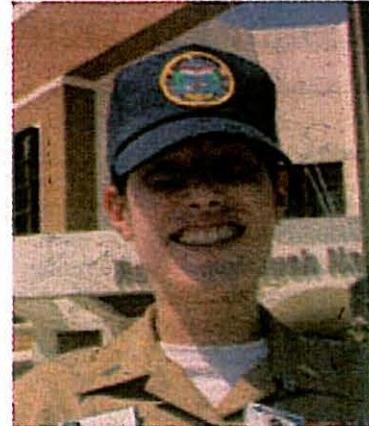
HM2 Clifford Salviejo,
Physical Therapy, receives a
Commanding General
Certificate of Commendation.



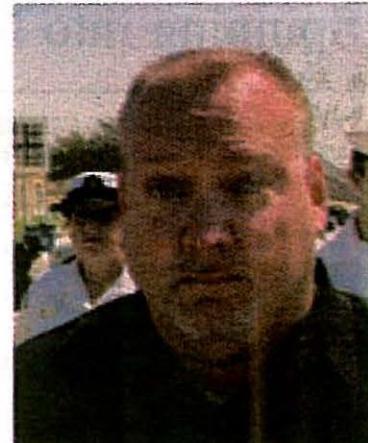
CSC Ernesto Borja, Nutrition
Management Department, was
awarded a 3-6-9 Certificate for
running 900 miles.



HM2 Erin Sjaarda, Physical
Therapy, was awarded a 3-6-9
Certificate for running 300 miles.



Lt.j.g. Nicole Panos, Health
Care Operations, was awarded
a 3-6-9 Certificate for running
300 miles.



Mr. Eric Von Poppen, Health
Care Operations, receives a
twenty-five year Civilian
Length of Service Award.



Ms. Luanne Etimani, Internal
Medicine, receives a five year
Civilian Length of Service
Award.



Ms. Anne Marie McKenna,
Maternal-Infant Nursing
Department, receives a five
year Civilian Length of Service
Award.



Ms. Annie Guerrero,
Housekeeping Department,
receives a ten year Civilian
Length of Service Award.



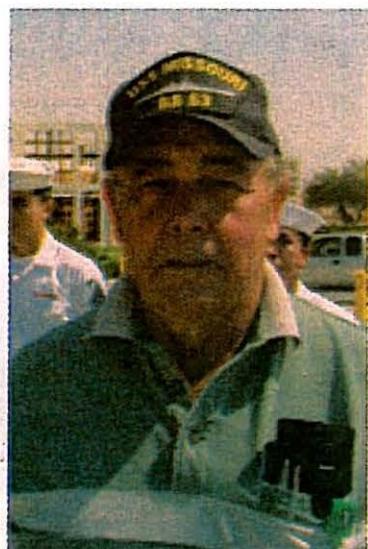
Ms. Karen Benavente, Health
Care Operations, receives a fifteen
year Civilian Length of
Service Award.



Ms. Kelly Von Poppen, Out
Patient Administration,
receives a twenty-five year
Civilian Length of Service
Award.



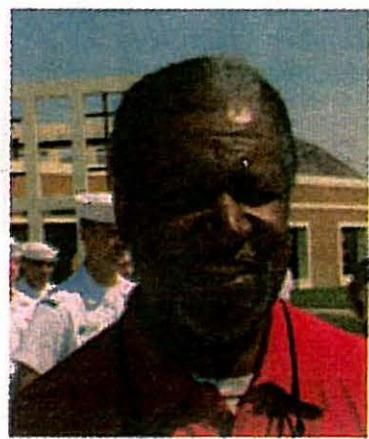
Ms. Judy Espinoza, Secretary,
Director for Medical Services,
receives a fifteen year Civilian
Length of Service Award.



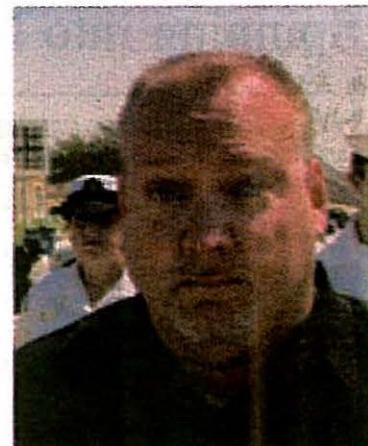
Mr. Jose Busto, Patient
Administration, receives a
twenty year Civilian Length of
Service Award.



Ms. Genoveva Matos, Third
Party Collections, receives a
twenty-five year Civilian
Length of Service Award.



Ms. Dwanah Tajalle, Out
Patient Administration,
receives a Thirty year Civilian
Length of Service Award.



Mr. Jackie Bowie, left,
Supervisor, House Keeping
Department, receives a forty
year Civilian Length of Service
Award.

Spinning into National Physical Therapy Month this October with Bicycle Fitness

By Lt.j.g. Paul Harris MSC USN MPT
Staff Physical Therapist (and daily commuter)
Robert E. Bush Naval Hospital

Every year in October the American Physical Therapy Association encourages physical therapists to promote the profession through educational information related to the many musculoskeletal conditions, impairments or injuries that individuals face each day.

This year the American Physical Therapy Association and The Naval Hospital Twentynine Palms Physical Therapy Department are getting the word out about the benefits of Bicycle Fitness.

There are an estimated 85 million bicycle enthusiasts and competitive riders in the United States ranging from road, mountain and cyclocross riders, to weekend and commuter riders.

Bicycle fitness has many health benefits such as improving cardiovascular endurance and muscle strengthening. Bicycling is considered a low risk knee exercise. Pedaling strengthens the muscles surrounding the hips, knees and ankles without the impact or stress of weight bearing. That is why the stationary bicycle is often used in physical therapy clinic for knee rehab.

Many riders find cycling relaxing and stress relieving on a weekend adventure or the daily commute. If you are thinking about riding then finding a bike that fits well and is comfortable is most important. The physical benefits and joy of bicycling are fantastic but if you are experi-

encing undue arm, back, knee, or other joint pain while riding, a physical therapist may be able to help you properly fit your bike and prevent further injury.

Erik Moen, PT, CSCS, a Seattle-based 'Elite Level' cycling coach through the United States Cycling Federation says, "The first thing I ask any patient complaining of bicycling-related pain is to bring the bicycle in to check for a proper fit...Cycling should be about enjoyment not pain." The following tips will help ensure that your bike fits well and does not cause injury to your shoulders, back and knees.

Saddle: Be sure that your saddle is level and not too close to the handle bars. Excessive weight into your hands, arms, and back can be from a forward tilted saddle. A backward tilted seat can cause saddle-related pain and put undue stress on the lower back. A seat that is too close will cause extra weight on your mid back and arms. If adjusted too far away, you will put extra strain on your lower back. Also make sure that the saddle is not too low. A low saddle can cause anterior (front) knee pain (see knee to pedal).

Handle Bars: Positioning the handlebars will affect hand, shoulder, neck, and back comfort. Generally, recreational riders should allow for a trunk position between 40-80 degrees and a shoulder angle (humerus to trunk) of approximately 80-90 degrees (see fig. 1). The

Road cyclist trunk position should be between 30-40 degrees and the shoulder angle between 90-100 degrees.

Figure 1. Recreational Ride

Knee to pedal:

To allow for better function and less stress on the knee, the angle of the knee to the pedal should be close to 35 degrees. The road cyclist should have an angle between 30-35 degrees and the recreational cyclist should be between 35-45 degrees.

The knee to pedal angle can be adjusted by either raising or lowering the saddle but don't adjust the seat too low. Sally Warner, M.A., Ph.D., research fellow at the University of Washington Department of Orthopedics and Sports

Medicine explains, "if your seat is too low, it changes the focal point and puts pressure on the lower part of the knee cap. When it's too high, typically your hamstrings are being stretched as you're trying to contract them, which causes microdamage as well."

Foot to pedal:

While pedaling, remember to place the ball of the foot over the pedal axis and work to pedal at 80-90 revolutions per minute for aerobic benefits. A stiff sole shoe is best for comfort and performance.

A proper bike fit is very important and will prevent injuries, but equally important is your own physical fitness. Good flexibility of the quadriceps,

hamstrings, and gluteal muscles is critical because these muscles generate the pedaling force.

Stretches for cyclists

Standing Hamstring stretch

Stand straight up, lift your right leg, and place heel of that leg on a lower surface. Bend both knees slightly. Keep your standing foot so that it's pointing straight forward. Make sure to keep your stretched leg pointing upright. Tighten your stomach and back, keep your head and neck straight, and place your hands on your right thigh. Slowly lean forward through your hips. You will begin to feel a stretch in the back of your leg. Slowly exhale, and hold the stretch for approximately 30 seconds. Repeat on opposite side.

Calf Stretch

Clasp your hands behind your back. Stand up tall, hold your head level, keep your knees slightly bent, and make sure your shoulders are in a level position. Slightly pull your chin back and in. Slowly bend your head up and over to the right side. Clasping your hands behind your back will keep your opposite shoulder down and give you a good stretch on the left side of your neck. Slowly C exhale and hold for approximately 30 seconds. Repeat on opposite side.

Standing Quadriceps Stretch

Stand near an object that you will use for balance, such as a tree, your bicycle, a rail, or a table. Stand up straight and hold onto the object with your right hand. Tighten your stomach and back, keep your head upright, gaze forward, and slightly bend your knees. Grasp your left ankle with your left hand and gently pull your foot back toward your buttocks. Your knee will bend. Keep your knee in line with your upright hip and shoulder. Don't let your knee move outward from the line of the hip or let your back arch. You will feel a stretch in the front of your leg. Slowly exhale

Continued on page 7

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Bicycle Fitness...

continued from page 6

handlebars. Step back away from your bicycle keeping your hands in place. Your feet should be shoulder width apart. Bend forward so your head and trunk are parallel to the ground. Relax your trunk muscles so your trunk moves into a gentle extension stretch of the midback. Slowly exhale and hold the

stretch for approximately 30 seconds.

Gluteus Maximus Stretch

Lie on your back with knees bent and feet flat on the surface. Lift and rotate your right leg so as to place the outside of your right ankle on your left knee. Tighten your stomach and back. Grab behind your left knee with your hands and slowly pull your

legs up towards your shoulders. You will feel a stretch in your right hip. You can use your right arm to help keep the stretch. Slowly exhale and hold the stretch for approximately 30 seconds. Repeat on opposite side.

Postural Tips

Frequently change hand posi-

tions on the handlebars for upper body comfort and keep a controlled but relaxed grip. Avoid rocking your hip while pedaling to prevent pelvic and lumbar back pain. Remember cycling should fun and pain free. If your knees or ankles start aching try some RICE: Rest, Ice, Compression, and Elevation. Don't get discouraged

by pain. A proper bike fit and good flexibility will help prevent injury. See you out there on the road or trail. Happy riding.

Work Cited Page

Physical Therapists Offer Tips for Proper Bike Fit
www.APTA.org

Joint Custody by Tim Johnson
Bicycling Magazine

The Importance of Trans-Fats

By Lt. Michael J. Mero, MS, RD
Department Head, Nutrition Management
Robert E. Bush Naval Hospital

I bet you've seen foods at the Commissary stating that they are "Trans-Fat free." Do you know exactly what that means and why it is important to purchase those foods? I wouldn't be a stretch to say that eating foods with that label could ultimately save your life.

Effective January 1, 2006, the Food and Drug Administration (FDA) requires food companies to list trans fat content separately on the Nutrition Facts panel of all packaged foods. Under

this rule, consumers can see how much saturated fat, trans fat, and cholesterol are in the foods they choose.

This labeling requirement applies only to packaged food products, not foods served at restaurants. Many fast foods contain high levels of trans fatty acids and they advertise that their foods are cholesterol-free and cooked in vegetable oil. Therefore, the lack of regulations for labeling restaurant foods can be harmful to your

health.

The Issue

Trans fatty acids, or trans fats, raise total blood cholesterol levels and LDL ("bad") cholesterol and lower HDL ("good") cholesterol levels. This in turn can increase your risk of coronary heart disease, which leads to heart attack, and also increases the risk of stroke. You can reduce this risk by choosing healthier foods that contain little or no trans fat.

Background

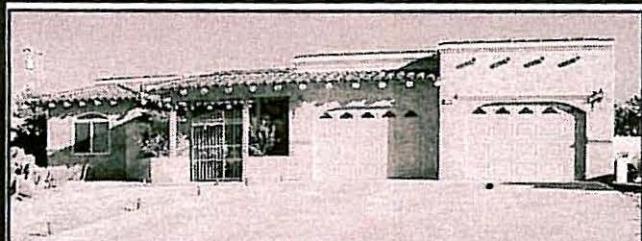
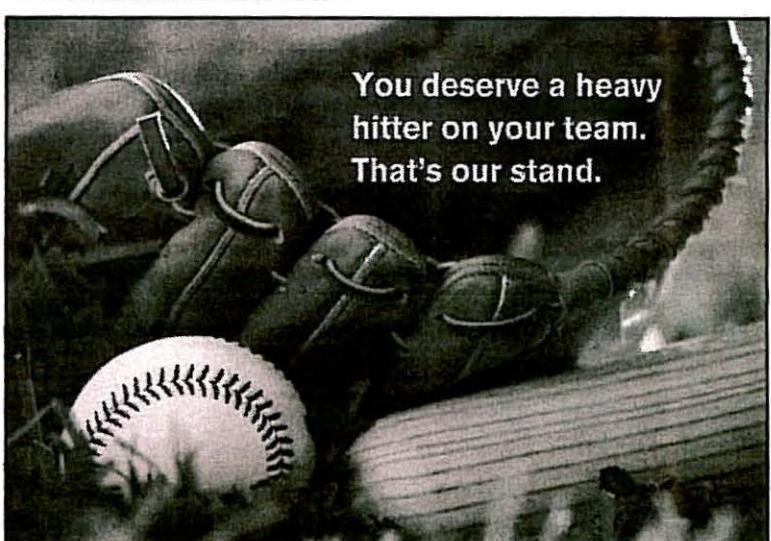
The major kinds of fats in the foods we eat are saturated, polyunsaturated, monounsaturat-

ed and trans fatty acids. Eating too much saturated fat, trans fat and/or cholesterol can raise your blood LDL cholesterol level, which increases the risk of coronary artery disease (fatty buildup in arteries called atherosclerosis) and heart attack. In addition, trans fat also decreases your HDL cholesterol levels.

Fat is the main form in which

the body stores energy. Fat in the diet allows the body to absorb fat-soluble vitamins such as Vitamins A, D, E and K and supply certain essential fatty acids (omega-3 and omega-6 fatty acids) that our bodies can't make. However, it's important to control total fat intake

Continued on page 8



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Trans-Fats...

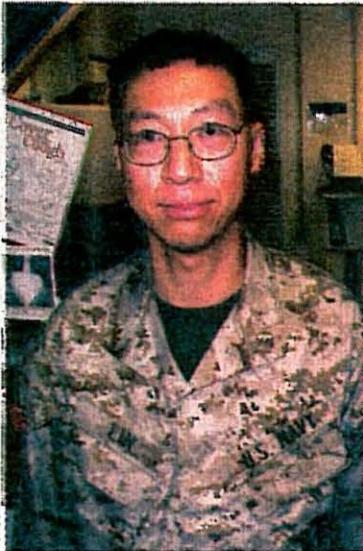
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because fats have more than twice as many calories for the same amount of food as protein and carbohydrates.

Fats and oils are made mostly of fatty acids. All fatty acids are chains of carbon atoms with hydrogen atoms attached to the carbon atoms. A saturated fatty acid has the maximum possible number of hydrogen atoms attached to every carbon atom. Accordingly, it is said to be "saturated" with hydrogen atoms. The chemical and physical properties of a fat are determined by the relative amounts of the various fatty acids it contains.

Generally, the higher the saturated fatty acid content, the harder the fat will be at room

Promoted...



Lt. Cmdr. Victor Lin, a physician in the Adult Medical Care Clinic, was recently promoted to his current rank.

temperature; the more unsaturated fatty acids it contains, the more oil-like it will be. All fats contain a mixture of different fatty acids.

There are four major types of fats in the foods we eat:

- * Saturated fatty acids have all the hydrogen the carbon atoms can hold. Saturated fats are usually solid at room temperature. When eaten, saturated fatty acids raise blood cholesterol, which raises the risk of coronary heart disease and stroke.

- Saturated fatty acids are found in foods from animals (meat and whole-milk dairy products) and in coconut, palm, and palm kernel oils, and cocoa butter.

- Monounsaturated fatty acids have only one unsaturated (double) bond. They are lacking two hydrogen atoms.

- Monounsaturated oils are liquid at room temperature but start to solidify at refrigerator temperatures. For example, salad dressing containing olive oil turns cloudy when refrigerated but is clear at room temperature.

- Monounsaturated fatty acids can help decrease LDL cholesterol when substituted for saturated fats in the diet.

- Polyunsaturated fatty acids have more than one unsaturated (double) bond. Polyunsaturated oils, which contain mostly polyunsaturated fatty acids, are liquid at room temperature and in the refrigerator.

- Polyunsaturated fatty acids can help lower LDL cholesterol when substituted for saturated

fats in the diet. Polyunsaturated fatty acids are found in safflower, sesame, sunflower, corn and soybean oils, fatty fish (salmon, mackerel, smelt, herring and trout), and some nuts (walnuts) and seeds.

- * Trans fatty acids (trans fats) are a specific type of fat formed when liquid oils are made into solid fats like shortening and hard margarine. This is a process known as "partial hydrogenation." Trans fats are also found naturally in small amounts in certain foods (e.g., dairy products, beef and lamb). Also, small amounts of trans fats are formed during the refining of liquid vegetable oils (e.g., canola and soybean oil). Trans fats raise total and LDL cholesterol and lower HDL cholesterol. Trans fats are found in

Nutrition Facts

Serving Size 1 slice (47g)
Servings Per Container 8

Amount Per Serving

Calories 180 Calories from Fat 90

	% Daily Value
Total Fat 10g	15%
Saturated Fat 2.5g	11%
Trans Fat 2g	
Cholesterol 30mg	10%
Sodium 300mg	12%
Total Carbohydrate 15g	5%
Dietary Fiber less than 1g	3%
Sugars 1g	
Protein 3g	
Vitamin A 0%	